

OR-00-253-0004

~~OFFICIAL USE ONLY~~

PATIENT NAME:
SOCIAL SECURITY #:
BADGE #:
DATE OF INJURY: 03/07/00
DATE OF REPORT: 03/07/00
SITE CODE: 140

- S: This individual is a machinist who developed some throat irritation today after working for about 5 hours in Building 9201-5E inspection area. He expresses a concern that these symptoms could be related to some dust exposure, which he states is blowing out from two through-the-wall air conditioner units that have had their filters removed. This is a beryllium area, and his concern is that he may have had some exposure to beryllium dust. He states there is dust settling on the equipment in the area. He has no eye symptoms. He does not know of any chemical vapor exposure. He denies any fevers, chills, cough, or eye irritation.
- O: He is conscious, alert, and oriented. ENT exam is normal. Pupils are equal, round, and reactive to light. Extraocular movements are full. Conjunctivae are normal. A fluorescein and slit lamp exam of the eyes is negative.
- A: THROAT IRRITATION. THE EMPLOYEE IS CONCERNED REGARDING DUST AND BERYLLIUM EXPOSURE.
- P: I have called Tom Ford, the manager for Industrial Hygiene, and described the situation. I have asked Industrial Hygiene to look into this potential exposure situation and report back to us. The patient is placed on a temporary restriction of not to work in Building 9201-5E or in dusty or low-humidity environments. A recheck is set for March 8, 2000. I have dispensed throat lozenges. If he has more symptoms in the meantime, he is to return sooner.



STAN ROBERTS, PA-C

SR:cmh

DICTATED BUT NOT EDITED

D: 03/08/00
T: 03/08/00

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RECEIVED MAY 15 2000

PATIENT NAME:
SOCIAL SECURITY #:
BADGE #:
DATE OF INJURY: 03/07/00
DATE OF REPORT: 03/08/00
SITE CODE: 140

S: is here for followup. He still has some irritation in his throat. He has not been working in the area of Building 9201-5E.

O: ENT exam is normal.

A: THROAT IRRITATION, WHICH THE EMPLOYEE RELATES TO DUST EXPOSURE IN BUILDING 9201-5E.

P: I told the employee that we are awaiting the Industrial Hygiene evaluation of the situation. In the meantime, we will keep him on restriction of not to work in Building 9201-5E or dusty or low-humidity environments. A recheck date is set for March 10, 2000.



STAN ROBERTS, PA-C

SR:cmh

Dictated but not edited

RECEIVED, MAY 5 2000

PATIENT NAME:

SOCIAL SECURITY #:

BADGE #:

DATE OF INJURY: 03/07/00

DATE OF REPORT: 03/10/00

SITE CODE: 140

S: The patient is back for followup. He still has some dryness in his throat but no other symptoms. After some discussion, we determined that he thought he would have some problems working in a low-humidity environment because his throat is dry. He also has concerns about working where there might be dust. He states that Industrial Hygiene told him that the breathing zone samples that they did were below the limits for beryllium, as were the smears. I put a call in to Tom Ford, the Industrial Hygiene supervisor, and he indicated that this was his understanding, and he referred me to Emily Yowell, the hygienist who actually did the sampling.

- A: 1. SUBJECTIVE SENSATION OF THROAT DRYNESS AND RECENT SUBJECTIVE SENSATION OF THROAT IRRITATION THAT THE EMPLOYEE RELATES TO SOME DUST EXPOSURE IN BUILDING 9201-5E.
2. EMPLOYEE BERYLLIUM CONCERN. INDUSTRIAL HYGIENE HAS DONE SAMPLING AND DETERMINED THERE WAS NOT AN OVER-EXPOSURE SITUATION TO BERYLLIUM.

P: After some discussion with his supervision to clarify what the restrictions meant, we placed him on the following restrictions: no working in Building 9201-5E, which is a continuation of a temporary restriction; no working in a low-humidity environment, less than 40% humidity, which is a new restriction; and no working in areas where dust-producing operations are ongoing, although he may do inspection work on graphite and other parts, which is a new restrictions. A recheck is set for March 13, 2000. He is to continue to use the throat lozenges as needed. I have discussed his situation with the Safety Department, and I have sent an e-mail to Emily Yowell requesting the Industrial Hygiene report.

STAN ROBERTS, PA-C

SR:cmh

Dictated but not edited

3000-001 MAY 5 2000

PATIENT NAME:
SOCIAL SECURITY #:
BADGE #:
DATE OF INJURY: 03/07/00
DATE OF REPORT: 03/13/00
SITE CODE: 140

S: The patient is asymptomatic. He is not having the dry throat or throat irritation any longer.

A: SUBJECTIVE SYMPTOMS OF THROAT IRRITATION AND DRY THROAT, RESOLVED.

P: I have removed his restrictions. He is discharged from this injury. He will be allowed to return to his work area when this has been cleared by Safety and Industrial Hygiene. No evidence of beryllium overexposure was found in this incident.

STAN ROBERTS, PA-C

SR:cmh

Dictated but not edited

D: 03/14/00
T: 03/15/00

RECEIVED MAY 5 2000

Tennessee Employer's First Report of Work Injury

WILLIS CORROON ADMIN. SERVICES

Name of Insurance Carrier

WILLIS CORROON ADMIN. SERVICES CORP.

Name/Address of Claims Handling Office

P. O. BOX 291587

City **NASHVILLE** State **TN** Zip **37229**

Phone # **(615) 872-4000**

EMPLOYER

1. Name **LOCKHEED MARTIN ENERGY SYSTEMS**

Federal Employer Identification # **52-1318516**

2. Address **P.O. BOX 2009**

City **OAK RIDGE**

State **TN**

Zip Code **37831**

3. Nature of business **INDUSTRY**

Phone **(423) 574-1582**

DO NOT WRITE
IN THIS COLUMN

Carrier # (6)

INJURED EMPLOYEE

4. Name

Social Security #

5. Address

City **Olive Springs** State **TN** Zip Code **37840**

County # (3)

6. Phone #

Occupation (job title)

machinist

Department **50011357**

Occupation (3)

7. Age **47** DOB **6/13/52**

Male ☒

Female ☐

Married ☒

Single ☐

Industry (4)

8. Number of hours worked: per day

: per week

: Number of days per week

9. Wages: per hour \$

: per day \$

per week \$

: Extra wages \$

DESCRIPTION OF THE INJURY OR OCCUPATIONAL DISEASE

10. Did the injury or exposure occur on the employer's premises? yes ☒ no ☐

If no, give the address of where it occurred

City

State

Zip

County

11. Describe what the employee was doing when the injury or exposure occurred: list tools, equipment or materials involved

I have been working in bldg 9201-5 & inspecting today. My throat is extremely dry, raspy & sore. I was told that my department manager had removed the filters from the wall unit air conditioners the day before. The area is a helium area.

12. Describe fully how & why the injury or exposure occurred

the filters from the wall unit air conditioners the day before. The area is a helium area.

13. Describe the injury or exposure in detail, giving the body part affected (examples: amputation of right index finger, fell down injuring low back, exposed to chemicals causing breathing problems)

throat dry, sore, raspy

14. Date of the injury

3/7/00

: Hour of day

12:45

am ☒

pm ☐

Give the date of the notice or the injury or exposure to the employer, if different than the date it occurred

15. Was the employee paid in full for the date of injury or exposure? Yes ☒ No ☐

16. Has employee missed work because of the injury or exposure on any day after the date it occurred, including weekends or regularly scheduled days off? Yes ☐ No ☒

If yes, give date last worked

17. Has employee returned to work? Yes ☒ No ☐

If yes, give date

Returning Wage: per hour \$

: per day \$

: per week \$

18. Did Employee die? Yes ☐ No ☒

If yes, give date

name/address of nearest relative

19. Name/Address of physician

P.O. BOX 2009 OAK RIDGE TN, 37831

20. If hospitalized, name/address of hospital

Date report written

3/7/00

Prepared by

p baker

Title/Position

DNA

I certify that the information given in this form is true, correct and complete to the best of my knowledge.

Signature of injured employee

employee is unable or refuses to sign, state

reason

Disability (1)

3/8/00 T 97.9 B/P 122/84. Referred to 5 ton & 12 ton PHL
3/8/00 words doc (for 3/7/00 visit) *[Signature]*
3/8/00 words doc for 3/8/00 visit *[Signature]*
3/10/00 words B/P 102/76 98/218 98 D.H. MISTRI
3/10/00 words doc *[Signature]*
3/13/00 (11:53 AM) R to see Dr or PA for follow up on injury / P. 84
146 (R) Temp 97.3 P. 84
3/14/00 words doc (for 3/13/00 visit) *[Signature]*

SCANNED MAY 5 2001

SITE Y-12		PAGE 2 OF 2	
EMPLOYEE NAME		BADGE NO.	SOCIAL SECURITY NO.
OCCURRED (Date & Time) 3/7/00 12:45pm		REPORTED (Date & Time) 3/7/00 1:30pm	PLACE OF INJURY 9201-5E Inspection
SUBCONTRACTOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BUILDING NUMBER 9201-5N	COMPANY SERVICE DATE 12/3/82	PAYROLL <input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
SHIFT	EMPLOYEE WORK PHONE	SUPERVISOR Sherille Cooke	SUPERVISOR'S PHONE NUMBER 574-2821
REPORTED TO SUPERVISOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OCCURRED ON OVERTIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOURS ON DUTY AT TIME OF INCIDENT 5.5	
WAS INVOLVED PART EVER PREVIOUSLY AFFECTED BY INJURY OR DISEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.	RADIOACTIVE OR TOXIC MATERIALS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, explain in Item 11.</i>	EXPERIENCE ON JOB/EQUIPMENT <input type="checkbox"/> 3 TO 12 MONTHS <input checked="" type="checkbox"/> MORE THAN 12 MONTHS
SAFETY EQUIPMENT WORN			SPECIFY OTHER.
RESPIRATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GLOVES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY GLASSES OR GOGGLES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SEAT BELT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		SAFETY SHOES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
FINDINGS SPO2 = 96-97% BP 124/82 P 92 R 18 T 98.7 C/o dry, raspy, sore throat onset in 1030 today - felt better during lunch then worse again. He relates symptoms to working in 9201-5E inspection area for 5 hrs today, exposed to dust from three - two - was an conditioner units which had had filters removed. He noted dust settled on objects in area. He is concerned because he this is a beryllium area. Felt fine when came to work this am. Has chronic recurrent rhinosinusitis. No eye c/o. On no med. PE CAD. NAD. ENT ⊕ lymph - peria. Comp full. conjunctival. fluorescent room light lamp room w/ Rx: T. Coz I called Tom Ford in JH + reg Bay assess exposure situation			
X-RAYS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, GIVE INTERPRETATION.		
PRESCRIPTION MEDICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DISPOSITION <input type="checkbox"/> FIT FOR WORK WITH NO RESTRICTIONS <input type="checkbox"/> SENT TO PHYSICIAN <input type="checkbox"/> SENT HOME <input checked="" type="checkbox"/> FIT FOR WORK WITH RESTRICTIONS (See UCN-16305 Restriction) <input type="checkbox"/> OTHER (Explain)		
TO RETURN <input checked="" type="checkbox"/> FOR PRECAUTIONARY CHECK <input type="checkbox"/> FOR ADDITIONAL TREATMENT <input type="checkbox"/> NOT NECESSARY		DATE TO RETURN 3/8/00	
PRELIMINARY DIAGNOSIS & ICD9	ICD9 CODE	DESCRIPTION Throat irritation - employee concerned dust/Beryllium exposure	
NAME AND TELEPHONE NUMBER OF ANY WITNESSES			
FACSIMILE TO <input checked="" type="checkbox"/> WORKS <input checked="" type="checkbox"/> BENEFITS 3/7/00		DICTATION TO WORKS <input type="checkbox"/> 3/8/00	
SIGNED (MD/PA/RN) [Signature]		DATE 3/7/00	
OTHER SIGNED (PSS)		BADGE NO.	DIVISION NO.
			DATE